PART B - FEE(S) TRANSMITTAL

	INSTRUCTIONS: This appropriate. All further cindicated unless corrected	form should be used for treoresic to the state of the sta	insmitting the IS Patent, advance	or Fax SUE FEE and PUBL orders and notificatio	/MAGN # 44 4000	rginia 22313-1450 quired). Blocks 1 through 5 will be mailed to the curre	should be completed where
	INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEB (if required). Blocks I through 5 should be completed where appropriate. All further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as maintenance fee notifications. CURRENT CORRESPONDENCE ADDRESS (Note: Use Block I for any change of address)						
	37211 BASCH & NIC	7590 01/27/2005 KERSON LLP	or any change of address	3)	_		for domestic mailings of the d for any other accompanying ment or formal drawing, must
/2005	1777 PENFIELD JBALTNAZ FUODOOSI				I hereby certify that States Postal Service addressed to the Mi transmitted to the US	ertificate of Mailing or Traithis Fec(s) Transmittal is being with sufficient postage for fail Stop ISSUE FEE addres	namission deposited with the United first class mail in an envelope above, or being facsimile date indicated below.
:2501 :1504					Mich	Nicker	
i	APPLICATION NO.	T = 0.00	·			/ February	15, 2005 (Date)
	10/077,960	92/19/2002	FIRST NAMED INV		TOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
ſ	APPLN. TYPE	ELECTROMAGNETIC INTI	ISSUE F				
٠	nonprovisional	YES	\$700		BLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
ſ	EXAMINER				\$300	\$1000	04/27/2005
L	GETZOW, SCOTT M		ART UN 3762		ASS-SUBCLASS 607-009000		
	Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.			registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed. 3			
_	3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type) PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.						
3.	PLEASE NOTE: Unless recordation as set forth in	37 CFR 3.11. Completion o		(B) RESIDENCE: (CITY and STATE OR COUNTRY)			
3.	(A) NAME OF ASSIGNE	E	(B)	RESIDENCE: (CITY	and STATE OR COU	NTRY)	
3.	(A) NAME OF ASSIGNE	echnologies,	(B)		and STATE OR COU rietta, N		
	Biophan To	echnologies,	Inc.	West Hen	rietta, Ny	14586	
Pk 4a.	(A) NAME OF ASSIGNE Biophan To cease check the appropriate a . The following fee(s) are er	EE echnologies, assignee category or categori	(B) Inc. es (will not be prin 4b.	West Hen. nted on the patent): Payment of Fee(s):	rietta, N	7 14586	op entity
Pk 4a	(A) NAME OF ASSIGNE BIOPHAN To sease check the appropriate a The following fee(s) are en XXIssue Fee	echnologies, assignce category or categori nclosed:	(B) Inc. (will not be printed to the printed to th	West Hen. The don the patent): Payment of Fee(s): A check in the amount	rietta, N) Individual XX Con unt of the fee(s) is encl	7 14586 poration or other private groundsed.	op entity
Pk 4a.	(A) NAME OF ASSIGNE BIOPHAN To sease check the appropriate a The following fee(s) are en XXIssue Fee	EE echnologies, assignce category or categoric nclosed: tall entity discount permitted.	(B) Inc. es (will not be prin 4b.	West Hen. ated on the patent): Payment of Fee(s): A check in the amou	rietta, Ny Dindividual XX Cor unt of the fee(s) is encluded.	7 14586 poration or other private groundsed.	
Pk 4a.	(A) NAME OF ASSIGNE Biophan To case check the appropriate a The following fee(s) are en Kissue Fee Publication Fee (No sm Advance Order - # of C Change in Entity Status (fi	echnologies, assignce category or categori nclosed: natl entity discount permitted Copies from status indicated above)	(B) Inc. es (will not be prin	West Hen. Payment of Fee(s): A check in the amore Payment by credit c Yhe Director is her- Deposit Account Numb	Tietta, Ny Dindividual XX Cor unt of the fee(s) is encl and. Form PTO-2038 by authorized by char er 50-2737	poration or other private grounds osed. is attached. arge the required fee(s), or or (enclose an extra cop	redit any overpayment, to ry of this form).
Pk 4a.	(A) NAME OF ASSIGNE Biophan To case check the appropriate a The following fee(s) are en Kissue Fee Advance Order - # of C Change in Entity Status (ff a. Applicant claims SM.	echnologies, assignee category or categoric nclosed: nall entity discount permitted Copies from status indicated above) ALL ENTITY status. See 37	(B) Inc. (will not be prin 4b. (CFR 1.27.	West Hen. The don the patent): Payment of Fee(s): A check in the amount of Payment by credit composition of Account Number 1 b. Applicant is no look.	Individual XX Corunt of the fee(s) is enclured. Form PTO-2038 eby authorized by chaer 50-2737	poration or other private grounds. seed. is attached. rge the required fee(s), or cr (enclose an extra cop	redit any overpayment, to y of this form).
Pk 4a 5. ((A) NAME OF ASSIGNE Biophan To case check the appropriate a The following fee(s) are en Kissue Fee Advance Order - # of C Change in Entity Status (ff a. Applicant claims SM.	echnologies, assignee category or categoric nclosed: nall entity discount permitted Copies from status indicated above) ALL ENTITY status. See 37	(B) Inc. (will not be prin 4b. (CFR 1.27.	West Hen. The don the patent): Payment of Fee(s): A check in the amount of Payment by credit composition of Account Number 1 b. Applicant is no look.	Dindividual XX Corunt of the fee(s) is encluded. The fee of the fee o	poration or other private grounds osed. is attached. In the required fee(s), or or or other private grounds osed. ENTITY status. See 37 CFF paid issue fee to the application or the order of the application or the order of the order or the order of the order or the order of the order or t	redit any overpayment, to y of this form). 1.27(g)(2). on identified above, assignee or other party in
Pk 4a. 5. (Biophan To Biophan To case check the appropriate a The following fee(s) are en Kissue Fee Dublication Fee (No sm Advance Order - # of C Change in Entity Status (ff a. Applicant claims SM e Director of the USPTO is DTE: The Issue Fee and Pub erest as shown by the record Authorized Signature Typod or printed name	echnologies, assignee category or categori nclosed: nall entity discount permitted Copies from status indicated above) ALL ENTITY status. See 37 requested to apply the Issue lication Fee (if required) will as of the United States Parent	(B) Inc. es (will not be prin 4b. CFR 1.27. Fee and Publication on be accepted fi and Trademark O	West Hen. Payment of Fee(s): A check in the amount of Payment by credit con the Director is hereposit Account Numb b. Applicant is no loom Fee (if any) or to reform anyone other than ffice.	Individual XX Corunt of the fee(s) is encluded. Form PTO-2038 eby authorized by chaer 50-2737 enger claiming SMALL upply any previously the applicant, a register Registration No	poration or other private grounds osed. Is attached. In the required fee(s), or criminate the required fee(s), or criminate the required seed of the second of the secon	redit any overpayment, to yof this form). 3. 1.27(g)(2). 3. identified above, assignee or other party in

PTOL-85 (Rev. 12/04) Approved for use through 04/30/2007.

OMB 0651-0033 U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE